STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Selby Record		2. DATE 09-20-13
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE $ $25/30/33
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 4411 Main St., Selby, Walworth County, SD, 57472-0421		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) Same		
6. FULL NAME OF PUBLISHER: Sharon Wolff		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the ~~names and addresses~~ of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME — COMPLETE MAILING ADDRESS Sharon Wolff, Box 421, Selby, SD, 57472		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A.TOTAL NO. COPIES (Net Press Run)	1100	1100
B.PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	73	58
2. Mail Subscription (Paid and or requested)	888	903
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	961	961
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS		
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	15	15
E.TOTAL DISTRIBUTION (Sum of C, D1 and D2)	976	976
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	94	94
2. Return from News Agents	30	30
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	1100	1100

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

_____ (Signature)

Owner Sharon Wolff (Title)

State of South Dakota)
§
County of Walworth)

Sworn to before me this 20th day of Sept., 2013

Sheryl Moon
Notary Public

(Seal) SHERYL MOON NOTARY PUBLIC State of South Dakota SEAL

My commission expires: _____

Sheryl Moon
My Commission Expires
May 27, 2015

Form: SOS REC 05 1 7/2004